

ATTACHMENT D: METHOD AND AMOUNT OF COMPENSATION (FY 2002/03)

Instructions: Please type your responses on the form provided and do not use handwriting. For your convenience, you can reenter this form (using the exact language) on your computer or you can use the enclosed diskette. If you need additional space, insert extra pages.

1. List the **Legal Name** of the Agency as listed with the **Florida Division of Corporations**:
2. Total amount of Grant Funds awarded: \$_____
3. Budget for Grant Funds. (Please Note: This budget should be based on the budget projections provided in the CHSP application or modified as appropriate if the Agency was not allocated the full funding request. Also note that each cost category must be specified - "other" is not allowed as a cost category.)

COST CATEGORY

BUDGET

a) Personnel Services	_____
b) Contractual Services	_____
c) Materials, Supplies and Postage	_____
d) Printing and copying	_____
e) Equipment Purchase, Rental and Maintenance	_____
f) Occupancy, Utilities and Telephone	_____
g) Travel, Workshops and Training	_____
h) Direct Client Services	_____
i) Collaborative Partnership Activities	_____
j) Incorporation-Related Services	_____
k) Other: Specify_____	_____
TOTAL BUDGET	_____